

APPLICATION FOR  
CITY OF WICHITA OCCUPATIONAL LICENSE  
Wichita, Kansas

(date)

I hereby make application for City License to operate a

(type of business)

Applicant's Name

Phone #

Address

Date of Birth

Race

Sex

Business Name

Phone #

Address

\_\_\_\_\_  
Signature of Applicant

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**FOR OFFICIAL USE ONLY**

Beginning Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

**APPROVED**

**DISAPPROVED**

POLICE DEPARTMENT \_\_\_\_\_

CENTRAL INSPECTION \_\_\_\_\_

HEALTH DEPARTMENT \_\_\_\_\_

FIRE DEPARTMENT \_\_\_\_\_